In re Aaron R Carvajal	
Debtor(s) Case Number:	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
(If known)	☐ The presumption arises.
	■ The presumption does not arise.
	☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by $\S 707(b)(2)(C)$.

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/
	☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

	Part II. CALCULATION OF M	ON	THLY INCO	ME	FOR § 707(b)(7) 1	EXCLUSION	ſ	
	Marital/filing status. Check the box that applies a								
	 a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. Married, not filing jointly, with declaration of separate households. By checking this box 						nt as unceted.		
							tor declares unde	r ne	nalty of
	perjury: "My spouse and I are legally separate								
2	for the purpose of evading the requirements of								
	Income") for Lines 3-11.								
	c. Married, not filing jointly, without the dec ("Debtor's Income") and Column B ("Spou		•			ie 2.b	above. Complete	bot	th Column A
	d. Married, filing jointly. Complete both Col					3 (''Sr	oouse's Income'') for	· Lines 3-11.
	All figures must reflect average monthly income re	ceiv	red from all sources	, de	rived during the si		Column A		Column B
	calendar months prior to filing the bankruptcy case						Debtor's		Spouse's
	the filing. If the amount of monthly income varied six-month total by six, and enter the result on the a			you	must divide the		Income		Income
3	Gross wages, salary, tips, bonuses, overtime, con	nmi	ssions.			\$	0.00	\$	12,446.75
	Income from the operation of a business, profess					d			
	enter the difference in the appropriate column(s) of								
	business, profession or farm, enter aggregate numb not enter a number less than zero. Do not include					n			
4	Line b as a deduction in Part V.					_			
	Constitute	¢	Debtor	¢	Spouse				
	a. Gross receipts b. Ordinary and necessary business expenses	\$	0.00		350.0 350.0				
	c. Business income		btract Line b from			\$	0.00	\$	0.00
	Rent and other real property income. Subtract I								
	the appropriate column(s) of Line 5. Do not enter								
5	part of the operating expenses entered on Line b	as	Debtor	ιν.	Spouse				
	a. Gross receipts	\$	0.00	\$	0.0	0			
	b. Ordinary and necessary operating expenses	\$	0.00	\$	0.0				
	c. Rent and other real property income	Su	btract Line b from	Line	а	\$	0.00		0.00
6	Interest, dividends, and royalties.					\$	0.00	\$	0.00
7	Pension and retirement income.					\$	0.00	\$	0.00
	Any amounts paid by another person or entity, of expenses of the debtor or the debtor's dependent								
8	purpose. Do not include alimony or separate main								
	spouse if Column B is completed. Each regular payment should be reported in only one column;				ı; \$	0.00	¢	0.00	
	if a payment is listed in Column A, do not report the Unemployment compensation. Enter the amount in		*) of Line 9	φ	0.00	Ψ	0.00
	However, if you contend that unemployment comp					a			
9	benefit under the Social Security Act, do not list the amount of such compensation in Column A								
	or B, but instead state the amount in the space belo	w:				-			
	Unemployment compensation claimed to be a benefit under the Social Security Act Debto.	r \$	0.00 Sp	ouse	\$ 0.0	o _{\$}	0.00	\$	0.00
	Income from all other sources. Specify source and								
	on a separate page. Do not include alimony or sep								
	spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or								
10									
10	domestic terrorism.			_					
	a.	\$	Debtor	\$	Spouse	\dashv			
	b.	\$		\$					
	Total and enter on Line 10				\$	0.00	\$	0.00	
11	Subtotal of Current Monthly Income for § 707(t						0.00	¢	40 440 75
	Column B is completed, add Lines 3 through 10 in	Co.	tumn B. Enter the	total	(s).	\$	0.00	Э	12,446.75

12	Total Current Monthly Income for § 707(b)(7). Column A to Line 11, Column B, and enter the total the amount from Line 11, Column A.				12,446.75		
	Part III. APPLIC	ATION OF § 707(b)(7) EXCLUSIO	N				
13	Annualized Current Monthly Income for § 707() enter the result.	b)(7). Multiply the amount from Line 12 by the	number 12 and	\$	149,361.00		
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
	a. Enter debtor's state of residence:	b. Enter debtor's household size:	4	\$	75,656.00		
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.						
15	The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.						
	■ The amount on Line 13 is more than the am	nount on Line 14. Complete the remaining part	s of this statemen	ıt.			

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Part IV. CALCULA	ATION OF CUI	RREN'	T MONTHLY	INCOME F	OR § 707(b)(2)	
16	Enter the amount from Line 12.						\$	12,446.75
Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.								
	a. Wife Paycheck Deduction b. Wife's Automobile Expe			\$ \$	4,238.22 900.00			
	c. Wife's Timeshare	11363		\$	300.00			
	d. See Attached			\$	2,145.00			
	Total and enter on Line 17						\$	7,583.22
18	Current monthly income for § 70°	7(b)(2). Subtract Lii	ne 17 fro	om Line 16 and ent	er the result.		\$	4,863.53
	Part V. C.	ALCULATION	OF D	EDUCTIONS :	FROM INC	OME		
	Subpart A: Dec	luctions under St	andard	ls of the Internal	Revenue Ser	vice (IRS)		
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					\$	1,465.00	
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom							
	a1. Allowance per person		a2.	Allowance per pe		144		
	b1. Number of persons	4	b2.	Number of perso		0		
	c1. Subtotal	240.00		Subtotal		0.00	\$	240.00
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of							
						\$	630.00	

20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.					
	a. IRS Housing and Utilities Standards; mortgage/rental expense	\$	2,888.00			
	b. Average Monthly Payment for any debts secured by your	\$	0.00			
	home, if any, as stated in Line 42 c. Net mortgage/rental expense	Subtract Line b from Line a		2,888.00		
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are enti Standards, enter any additional amount to which you contend you are contention in the space below:	that the process set out in Littled under the IRS Housing ar	nes 20A and nd Utilities			
	Local Standards: transportation; vehicle operation/public transportation are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expense in the control of the control	f whether you pay the expense				
22A	included as a contribution to your household expenses in Line 8.					
	□ 0 □ 1 ■ 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or					
	Census Region. (These amounts are available at www.usdoj.gov/ust/	or from the clerk of the bankru	aptcy court.) \$	612.00		
22B	Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)					
23	■ 1 □ 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.					
	a. IRS Transportation Standards, Ownership Costs	\$	517.00			
	Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42	\$	0.00			
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$	517.00		
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.					
	a. IRS Transportation Standards, Ownership Costs	\$	0.00			
	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	0.00			
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$	0.00		
25	Other Necessary Expenses: taxes. Enter the total average monthly estate and local taxes, other than real estate and sales taxes, such as inc	xpense that you actually incur ome taxes, self employment ta	for all federal,			
	security taxes, and Medicare taxes. Do not include real estate or sale	s taves	\$	0.00		

26	Other Necessary Expenses: involuntary deductions for deductions that are required for your employment, such a Do not include discretionary amounts, such as voluntary	as retirement contributions, union dues, and uniform costs.	\$	0.00		
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.					
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.					
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.					
30	Other Necessary Expenses: childcare. Enter the total a childcare - such as baby-sitting, day care, nursery and pr		\$	0.00		
31	Other Necessary Expenses: health care. Enter the total health care that is required for the health and welfare of insurance or paid by a health savings account, and that is include payments for health insurance or health savings.	yourself or your dependents, that is not reimbursed by s in excess of the amount entered in Line 19B. Do not	\$	60.00		
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.					
33	Total Expenses Allowed under IRS Standards. Enter	the total of Lines 19 through 32.	\$	6,462.00		
3/1	Health Insurance, Disability Insurance, and Health Sa the categories set out in lines a-c below that are reasonal dependents.	avings Account Expenses. List the monthly expenses in oly necessary for yourself, your spouse, or your				
34	a. Health Insurance	\$ 0.00				
	b. Disability Insurance	\$ 0.00				
	c. Health Savings Account	\$ 0.00	\$	0.00		
	Total and enter on Line 34. If you do not actually expend this total amount, state y below: \$	your actual total average monthly expenditures in the space				
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.					
	expenses.	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.				
36	Protection against family violence. Enter the total avera actually incurred to maintain the safety of your family ur	nder the Family Violence Prevention and Services Act or	\$	0.00		
36	Protection against family violence. Enter the total average actually incurred to maintain the safety of your family ur other applicable federal law. The nature of these expenses Home energy costs. Enter the total average monthly am	nder the Family Violence Prevention and Services Act or es is required to be kept confidential by the court. nount, in excess of the allowance specified by IRS Local pend for home energy costs. You must provide your case				
	Protection against family violence. Enter the total average actually incurred to maintain the safety of your family un other applicable federal law. The nature of these expenses Home energy costs. Enter the total average monthly am Standards for Housing and Utilities, that you actually extrustee with documentation of your actual expenses, a	nder the Family Violence Prevention and Services Act or es is required to be kept confidential by the court. nount, in excess of the allowance specified by IRS Local pend for home energy costs. You must provide your case and you must demonstrate that the additional amount 18. Enter the total average monthly expenses that you nadance at a private or public elementary or secondary age. You must provide your case trustee with texplain why the amount claimed is reasonable and	\$	0.00		

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					0.00
40		• Enter the amount that you will continuous as defined in 26 U.S.C. § 1		e form of cash or	\$	50.00
41	Total Additional Expense Deductio	ns under § 707(b). Enter the total of I	Lines 34 through 40		\$	100.00
		Subpart C: Deductions for De	bt Payment		•	
42	own, list the name of the creditor, ide check whether the payment includes scheduled as contractually due to eac	For each of your debts that is secured entify the property securing the debt, states or insurance. The Average Month h Secured Creditor in the 60 months for additional entries on a separate page.	ate the Average Month ally Payment is the total llowing the filing of t	nly Payment, and all of all amounts he bankruptcy		
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?		
	aNONE-		\$	☐ yes ☐ no		
			Total: Add Lines		\$	0.00
43	payments listed in Line 42, in order t sums in default that must be paid in the following chart. If necessary, list Name of Creditor aNONE-	Property Securing the Debt	The cure amount wou re. List and total any 1/60th of th	Id include any such amounts in e Cure Amount otal: Add Lines	\$	0.00
44		aims. Enter the total amount, divided by claims, for which you were liable at the as those set out in Line 28.			\$	0.00
		s. If you are eligible to file a case under y the amount in line b, and enter the re-				
45	issued by the Executive Office information is available at we the bankruptcy court.)	napter 13 plan payment. istrict as determined under schedules the for United States Trustees. (This ww.usdoj.gov/ust/ or from the clerk of the expense of chapter 13 case	x Total: Multiply Line	6.50 es a and b	\$	0.00
46	Total Deductions for Debt Payment	. Enter the total of Lines 42 through 45	5.		\$	0.00
	-	Subpart D: Total Deductions f			1 '	
47	1	er § 707(b)(2). Enter the total of Lines			\$	6,562.00
	Part VI. D	ETERMINATION OF § 707()	o)(2) PRESUMP	ΓΙΟΝ		
48	Enter the amount from Line 18 (Cu	arrent monthly income for § 707(b)(2)))		\$	4,863.53
49	Enter the amount from Line 47 (To	tal of all deductions allowed under §	707(b)(2))		\$	6,562.00
50	Monthly disposable income under §	707(b)(2). Subtract Line 49 from Line	e 48 and enter the resu	ılt.	\$	-1,698.47
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.					-101,908.20

	Initial presumption determination. Check the applicable box and proceed as dir	rected.						
52	■ The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.							
	☐ The amount set forth on Line 51 is more than \$12,475* Check the box for statement, and complete the verification in Part VIII. You may also complete Part							
	☐ The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Complete the remainder of Part VI (Lines 53 through 55).							
53	Enter the amount of your total non-priority unsecured debt		\$					
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number	er 0.25 and enter the result.	\$					
	Secondary presumption determination. Check the applicable box and proceed a	as directed.						
55	The amount on Line 51 is less than the amount on Line 54. Check the box 1 of this statement, and complete the verification in Part VIII.	a for "The presumption does not ar	ise" at the top of page					
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54 of page 1 of this statement, and complete the verification in Part VIII. You may a		tion arises" at the top					
	Part VII. ADDITIONAL EXPENSE	CLAIMS						
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in you and your family and that you contend should be an additional deduction from 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All fie each item. Total the expenses.	your current monthly income und	er §					
	Expense Description	Monthly Amou	nt					
	a.	\$						
	b.	\$	_					
	c.	\$	_					
	d.	\$	_					
	Total: Add Lines a, b, c, and d	3						
	Part VIII. VERIFICATION	N						
	I declare under penalty of perjury that the information provided in this statement must sign.)	is true and correct. (If this is a join	nt case, both debtors					
57	Date: September 24, 2013 Signature: /s/ Aaron R Carvajal							
	Aaron R Carvajal							
		(Debtor)						

^{*} Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Wife's Payments for her Rental Property (Net) - \$100

Wife's Credit Card Payments - \$600

Wife's Life Insurance - \$270

Wife's Time Share - \$300

Wife's Assistance to Her Parents - \$400

Wife's College Savings for Children - \$400

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